

## SCHEDULE CHANGE FORM

This form is to be used whenever you are requesting a change in your child's schedule. Administration must have a minimum of two (2) weeks notice of any desired schedule change. All changes must be approved by Administration. A copy of this form will be returned to you approving or denying the requested change.

Please note if your child is part-time, your tuition covers your child's regularly scheduled days. Any additional days, if approved, will mean an additional cost.

Please place the completed form in Ms. Lin's mailbox. Administration will return this form to you in a timely manner.

Child's Name \_\_\_\_\_ Classroom \_\_\_\_\_

**Schedule Change**

effective date of proposed change \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(effective date) (present schedule) (desired schedule)

**Drop In Request**

for the following date(s) \_\_\_\_\_

**CANCELLATION POLICY: Accounts are charged every Monday morning. If you wish to cancel a previously scheduled drop-in day, notice must be submitted to Administration by Friday of the week prior to the drop-in day in order for us to be able to adjust your account. Once your account is charged, there will be no refunds.**

Parent Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

**Schedule Change Approved**       **Schedule Change Denied**       **New Tuition Rate** \_\_\_\_\_

**Drop In Approved**       **Drop In Denied**       **Drop In Rate** \_\_\_\_\_

Administrative Signature \_\_\_\_\_ Date \_\_\_\_\_

**Change entered into computer**      Date \_\_\_\_\_

